## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	125	66621	4/18
O.I.P.E. CLASSIFIER	15/		110
FORMALITY REVIEW	11 71.	277 12	7
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

~	Rejected	N	Non-elected
=	Allowed	- 1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

	— (Through numera	al) Canceled Restricted	A O	Appeal Objected	I
Claim	Date	Claim	Date	Claim	Date
Final		Final		Final Original	
		51		101	
2 - 11		52		102	
3 + 1/		53		103	
1 ÷ N		54		104	
4 - N		55		105	
7 N	+++++	56		106	
	++++	58	<del>                                     </del>	107	
8 ÷ / / 9 ÷ / /	<del> - - - - - - - - - - - - - - - - - - -</del>	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<del>- - - - - - - - - - - - - - - - - - - </del>	108	<del></del>
9 + 10 4		60		1109	
10 + 1		61	<del>                                     </del>	111	<del></del>
12 7 7	<del>                                     </del>	62		112	
(P)	<del>++++</del>	63	<del>                                     </del>	113	
14 ÷ 11	<del></del>	64	<del>                                     </del>	114	
15 - 1		65	<del>                                      </del>	115	
15 × N	<del>                                      </del>	66		116	<del>                                     </del>
16 -> N 17 -> N	<del>                                      </del>	67 .		117	
17 × 1/ 18 × 1/		68		118	
19 - N		69		119	
2 ÷ N		70		120	
21 /	<del>                                      </del>	71		121	
(2) V		72		122	
23	<del>                                     </del>	73		123	
24		74		124	
25		75		125	
26		76		126	
27		77		127	
28		78		128	
29		79		129	
30		80		130	
31 /		81		131	
32		82		132	
33		83		133	
34		84		134	
35	++++	85		135	
36		86		136	
37		87	<del>                                      </del>	137	<del>                                     </del>
38		88	<del>                                      </del>	138	<del>                                     </del>
39	+++++	89	<del></del>	139	<del>                                     </del>
. 40		90	<del>                                     </del>	140	<del></del>
41		91		141	
42	++++	92		142	
43		93		143	<del></del>
44		94		144	
45	++-	95		145	<del>                                     </del>
46		96	++++	146	<del>                                     </del>
47	++++-	97 98		147	<del>                                     </del>
49	<del></del>	99		148	
50	<del></del>	100	+ + + + + + + + + + + + + + + + + + + +	149	
		1 (100 1 1 1			

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY